

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

Serial No. **107534159** FILING DATE
APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | / | | | | 51 | | | | | | |
| 2 | | / | | / | | | 52 | | | | | | |
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| 7 | | / | | / | | | 57 | | | | | | |
| 8 | | | | | | | 58 | | | | | | |
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| 10 | | | | | | | 60 | | | | | | |
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| 42 | | | | | | | 92 | | | | | | |
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| 50 | | | | | | | 100 | | | | | | |
| TOTAL IND. | 1 | ↓ | | ↓ | | ↓ | TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 6 | ← | | ← | | ← | TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | 7 | | | | | | TOTAL CLAIMS | | | | | | |